



**MEDICAL BOARD OF CALIFORNIA  
BOARD OF PODIATRIC MEDICINE**  
1420 HOWE AVENUE, SUITE 8, SACRAMENTO, CA 95825-3229  
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[www.dca.ca.gov/bpm](http://www.dca.ca.gov/bpm)

### CHANGE OF ADDRESS NOTIFICATION

*Persons holding a certificate or license to engage in the practice of podiatric medicine shall immediately notify the board of any changes of mailing address, giving both the old and new address.*

Please type or print clearly in ink. This form may be faxed or mailed to the Board of Podiatric Medicine.

#### LICENSE NUMBER:

#### NAME:

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

#### PREVIOUS ADDRESS:

|               |       |          |
|---------------|-------|----------|
| Number/Street |       |          |
| City          | State | Zip Code |

#### NEW BUSINESS ADDRESS:

|               |       |   |
|---------------|-------|---|
| Number/Street |       | Business Telephone (Including Area Code)<br>(       ) |
| City          | State | Zip Code  |

#### IF ADDRESS IS A P. O. BOX, YOU MUST PROVIDE A CONFIDENTIAL STREET ADDRESS:

|               |       |          |
|---------------|-------|----------|
| Number/Street |       |          |
| City          | State | Zip Code |

***I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF THE ABOVE INFORMATION.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

***"Boards are established to protect the people of California."  
Section 101.6, B&P Code***